

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PARKVIEW WABASH HOSPITAL, INC.

Employer identification number

47-1753440

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1004019.		1004019.	1.88%
b Medicaid (from Worksheet 3, column a)			5080246.	3458994.	1621252.	3.04%
c Costs of other means-tested government programs (from Worksheet 3, column b)			7933655.	5116986.	2816669.	5.28%
d Total. Financial Assistance and Means-Tested Government Programs			14017920.	8575980.	5441940.	10.20%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			155,735.	9,711.	146,024.	.27%
f Health professions education (from Worksheet 5)			166,648.		166,648.	.31%
g Subsidized health services (from Worksheet 6)			3387063.	2572022.	815,041.	1.53%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			39,302.		39,302.	.07%
j Total. Other Benefits			3748748.	2581733.	1167015.	2.18%
k Total. Add lines 7d and 7j			17766668.	11157713.	6608955.	12.38%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PARKVIEW WABASH HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group PARKVIEW WABASH HOSPITAL, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14	X
15 Explained the method for applying for financial assistance?	15	X
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group PARKVIEW WABASH HOSPITAL, INC.

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group PARKVIEW WABASH HOSPITAL, INC.**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARKVIEW WABASH HOSPITAL, INC.:

PART V, SECTION B, LINE 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSULTED:

WHEN CONDUCTING ITS 2019 CHNA, PARKVIEW HEALTH SYSTEM, INC., INCLUDING PARKVIEW WABASH HOSPITAL, INC., AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM MADE SURE TO GET THE INPUT FROM PERSONS REPRESENTING THE BROADER INTERESTS OF THE COMMUNITY, WHILE ALSO FOCUSING ON THE NEEDS OF VULNERABLE POPULATIONS IN NORTHEAST INDIANA. AREA HEALTH DEPARTMENTS, MEDICAL PROFESSIONALS AND SOCIAL SERVICE AGENCIES THAT PROVIDE SERVICES DIRECTLY TO THE UNDERSERVED IN OUR COMMUNITIES WERE SURVEYED AND TOOK PART IN COMMUNITY HEALTH PLANNING SESSIONS.

AS PART OF THE RESEARCH PROCESS, PARKVIEW HEALTH SYSTEM, INC. AND ITS RESEARCH PARTNERS OBTAINED THE FOLLOWING: 1) PRIMARY DATA WAS COLLECTED VIA AN ONLINE SURVEY OF COMMUNITY HEALTHCARE AND SOCIAL SERVICE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.). ADDITIONALLY, THE HEALTH SYSTEM'S CHNA RESEARCH PARTNERS CONDUCTED A TELEPHONE SURVEY, WHICH INCLUDED COMMUNITY RESIDENTS FROM EACH COUNTY IN THE PARKVIEW HEALTH SERVICE REGION. 2) SECONDARY DATA WAS GATHERED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES. TO SUPPLEMENT THESE DATA, A FOCUS GROUP WAS CONDUCTED WITH HISPANIC COMMUNITY MEMBERS IN KOSCIUSKO COUNTY AND A PAPER SURVEY OF THE AMISH COMMUNITY WAS CONDUCTED IN LAGRANGE COUNTY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN ADDITION TO DATA COLLECTION, PARKVIEW HEALTH SYSTEM, INC. TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS WHEN SELECTING AND PRIORITIZING WABASH COUNTY'S HEALTH NEEDS. AS RECOMMENDED BY THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES, A MODIFIED HANLON METHOD WAS USED TO PRIORITIZE HEALTH CONCERNS FOR PARKVIEW WABASH HOSPITAL. THIS METHOD, ALSO KNOWN AS THE BASIC PRIORITY RATING SYSTEM (BPRS) 2.0, IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR PRIORITIZING COMMUNITY HEALTH NEEDS (GUIDE-TO-PRIORITIZATION-TECHNIQUES.PDF, N.D.). ALTHOUGH COMPLEX TO IMPLEMENT, IT IS USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES, THUS ENABLING A TRANSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS.

THE FINDINGS WERE PRESENTED AT THE DECEMBER 2019 PARKVIEW WABASH HOSPITAL, INC, BOARD MEETING. AFTER A THOROUGH REVIEW OF THE DATA AND CONSIDERABLE DISCUSSION, THE GROUP USED AN ELECTRONIC VOTING SYSTEM TO RANK THE VARIOUS HEALTH NEEDS IDENTIFIED IN THE CHNA. ULTIMATELY, THE GROUP VOTED ON SUBSTANCE USE DISORDER/MENTAL HEALTH, AS THE TOP HEALTH PRIORITY. THEY VOTED FOR OBESITY RELATED INITIATIVES AS A SECONDARY PRIORITY.

PARKVIEW WABASH HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

PARKVIEW WABASH HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:

PARKVIEW HEALTH, INC. (EIN 35-1972384); INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE.

PARKVIEW WABASH HOSPITAL, INC.:

PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:

SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:

OBESITY --

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARKVIEW WABASH HOSPITAL SUPPORTS PROGRAMS ESTABLISHED TO ADDRESS OBESITY IN WABASH COUNTY. ACTIONS TO ADDRESS THE ISSUE OF OBESITY CENTER AROUND PROGRAMS THAT ENGAGE CHILDREN AND FAMILIES AND INCLUDE THE FOLLOWING PROGRAMS:

- WORKED WITH THE CITY OF WABASH TO INCLUDE THE NEARLY HALF MILE WALKING PATH AROUND THE POND ON THE HOSPITAL CAMPUS ON A BROCHURE THAT PROMOTES THE CITY'S TRAILS AND PAVED WALKWAYS AS A WAY TO PROMOTE PHYSICAL ACTIVITY. SIDEWALKS ON WABASH STREET MAKE IT SAFE AND EASY FOR PEOPLE TO CONNECT TO THE CHARLEY CREEK TRAIL, AN ADDITIONAL THREE-QUARTER MILE TRAIL THAT LEADS TO THE MORRET SPORTS COMPLEX.

- BLESSINGS IN A BACKPACK WORKS TO COMBAT FOOD INSECURITY BY FEEDING, ON AVERAGE, 600 ELEMENTARY STUDENTS WEEKLY THROUGHOUT 2021. ONE TEACHER STATES "MY STUDENTS ARE SO EXCITED EACH FRIDAY WHEN THEIR BLESSINGS BAGS ARE PASSED OUT." WHEN A STUDENT WAS ASKED WHY THEY WERE EXCITED, THEY SAID "BECAUSE I HAVE FOOD FOR WHEN I AM HUNGRY."

- THE HOSPITAL'S "MY WELL-BEING" COMMITTEE PROVIDES RESOURCES FOR CO-WORKERS TO ENABLE THEM TO BE GOOD EXAMPLES FOR THE REST OF THE COMMUNITY.

MATERNAL/CHILD HEALTH --

- THOUGH PRIMARILY SUSPENDED IN 2021, PARKVIEW WABASH HOSPITAL, INC., DID CONTINUE TO OFFER A MOMS GROUP AND LACTATION VISITS IN THE FOURTH QUARTER. THE PROGRAMS WERE DESIGNED TO REDUCE RISKS AND INCREASE HEALTHY BEHAVIORS AMONG NEWBORNS, AS WELL AS OFFERING SUPPORT TO BOTH FIRST-TIME AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EXPERIENCED MOTHERS. OUR PART-TIME LACTATION CONSULTANT AND BIRTH PLANNER HAD 25 LACTATION VISITS SEPT. - DEC. 2021 AND MET WITH 30 MOMS IN MOMS GROUP FROM OCT.-DEC. 2021. ALL CLASSES ARE OPEN TO THE PUBLIC, REGARDLESS OF WHERE MOM DELIVERED.

- SUPPORTED BABE OF WABASH COUNTY. BABE IS AN INCENTIVE-BASED PROGRAM THAT PROMOTES GOOD HEALTH, EDUCATION, AND CONNECTION FOR PARENTS OF CHILDREN AGES BIRTH TO 5 YEARS OLD. DR. RAFAEL NUNEZ, PWB PEDIATRICIAN, AND SHELLY BOONE, NP, CNM, ARE BOTH PARTNERS OF THE PROGRAM. ADDITIONALLY, STAFF MEMBERS PROVIDED EDUCATION ON SUCH TOPICS AS "FEEDING A PICKY EATER" AND BREASTFEEDING.

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

TOBACCO USE - THE TOBACCO FREE COALITION IS THE LEAD ORGANIZATION IN WABASH COUNTY RELATED TO TOBACCO FREE EFFORTS. THE COALITION PROVIDES INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY. PARKVIEW WABASH HOSPITAL IS REPRESENTED ON THEIR COALITION BOARD AND ALSO FUNDS THEIR "DON'T START SMOKING" PROGRAM FOR ALL 2ND AND 5TH GRADERS IN THE COUNTY. NEARLY 1200 STUDENTS IN ALL THREE COUNTY SCHOOL DISTRICTS ARE REACHED BY THIS PROGRAM EACH YEAR.

THE HOSPITAL ALSO SUPPORTS THEIR BABY AND ME TOBACCO FREE PROGRAM THROUGH A CHI GRANT. IT IS AN INCENTIVE-BASED PROGRAM THAT HELPS EXPECTANT MOMS, AND THEIR PARTNERS, TO QUIT SMOKING. THERE WERE 58 WABASH COUNTY BIRTHS AFFECTED BY SMOKING IN 2021.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- THE HOSPITAL IS A TOBACCO FREE CAMPUS.

DIABETES, CARDIOVASCULAR DISEASE, AND CANCER - WHILE PARKVIEW WABASH HOSPITAL, INC. DID NOT SELECT THESE CHRONIC DISEASES AS TOP HEALTH PRIORITIES, OUR REGISTERED DIETITIAN IS ALSO A CERTIFIED DIABETIC EDUCATOR. SHE WORKS WITH PATIENTS ON A ONE-ON-ONE BASIS THROUGH PHYSICIAN REFERRAL AND INPATIENT CONSULTS. IN 2021, SHE COUNSELED 67 PATIENTS DIAGNOSED WITH DIABETES.

DRUGS/ALCOHOL ABUSE AND ADDICTION - THIS IS NOW THE TOP PRIORITY FOR PARKVIEW WABASH HOSPITAL, INC., AS IDENTIFIED BY THE CHNA. WABASH COUNTY FORMED A DRUG STEERING COMMITTEE IN JULY 2017. PARKVIEW WABASH HOSPITAL, INC. PRESIDENT MARILYN CUSTER-MITCHELL HELPS TO FACILITATE THE MONTHLY MEETINGS.

OPENED MEDICATION ASSISTED TREATMENT AND INTENSIVE OUTPATIENT THERAPY PROGRAMS IN LATE 2020. THE PROGRAM GREW SUBSTANTIALLY IN 2021, INCREASING FROM 111 APPOINTMENTS IN JANUARY TO 376 IN DECEMBER. NINETEEN PEOPLE SUCCESSFULLY COMPLETED THE PROGRAM, WHICH CONSISTS OF BOTH GROUP AND INDIVIDUAL COUNSELING.

SEXUALLY TRANSMITTED DISEASES (STDs) - THE WABASH COUNTY HEALTH DEPARTMENT IS THE MAIN RESOURCE IN OUR COUNTY FOR INDIVIDUALS WITH THESE NEEDS.

CHRONIC KIDNEY DISEASE - PARKVIEW WABASH HOSPITAL, INC. HAS DONE RESEARCH OVER THE YEARS ON THE NEED FOR ADDITIONAL RESOURCES IN THIS AREA. FOR INSTANCE, ALL THREE NATIONAL COMPANIES WHO PROVIDE DIALYSIS HAVE CONDUCTED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EVALUATIONS OF THE NEED WITHIN WABASH COUNTY AND DETERMINED IT WAS NOT BENEFICIAL TO BRING DIALYSIS TO WABASH COUNTY. THERE ARE COMPANIES THAT PROVIDE THE SERVICE IN THE COUNTIES NEIGHBORING WABASH. PARKVIEW WABASH HOSPITAL, INC. MET WITH THE LOCAL PUBLIC TRANSIT PROVIDER AND THEY AGREED TO RELAX THEIR "IN-COUNTY" RULE TO TRANSPORT RESIDENTS IN NEED OF MEDICAL CARE IN A NEIGHBORING COUNTY.

ASTHMA - WHILE ASTHMA WAS NOT SELECTED AS A TOP HEALTH PRIORITY, 85 HOPE, THE LOCAL FREE CLINIC, PROVIDES ASTHMA EDUCATION TO ITS PATIENTS. THE PROGRAM INCLUDES EDUCATION, INFORMATION, AND STRATEGIES FOR FOLLOW-UP CARE THAT ARE BOTH INEXPENSIVE AND EFFECTIVE.

AGING - WABASH COUNTY OFFERS A VIBRANT AND ACTIVE SENIOR CENTER. THE DALLAS WINCHESTER SENIOR CENTER OFFERS MEALS MONDAY THROUGH FRIDAY, PRESCRIPTION ASSISTANCE, A FOOD PANTRY, PUBLIC TRANSPORTATION, SOCIAL EVENTS, PHYSICAL ACTIVITIES, AND CONNECTIONS TO RESOURCES THAT BENEFIT SENIORS IN OUR COMMUNITY.

MENTAL HEALTH - AREA RESIDENTS HAVE ACCESS TO A NUMBER OF RESOURCES IN THE COMMUNITY. THE BOWEN CENTER, FRIENDS COUNSELING CENTER AND MENTAL HEALTH AMERICA OF WABASH COUNTY EACH SERVE PEOPLE OF ALL AGES.

- THE LIFEBRIDGE SENIOR INTENSIVE OUTPATIENT PROGRAM IS A SPECIALTY MENTAL/BEHAVIORAL PROGRAM DESIGNED TO MEET THE NEEDS OF OLDER ADULTS FOCUSING ON PROVIDING INTENSIVE INDIVIDUAL, FAMILY AND /OR GROUP SERVICES. EACH OF THE INDIVIDUALS ENROLLED IN THE LIFEBRIDGE PROGRAM ATTEND MONTHLY APPOINTMENTS WITH MEDICAL DIRECTOR/PSYCHIATRIST FOR MEDICATION MANAGEMENT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND TREATMENT PLANNING. AT EACH VISIT, INDIVIDUALS ARE SCREENED BY NURSING STAFF FOR VITALS, MEDICATION RECONCILIATION AND ANY MEDICAL CONCERNS ARE IMMEDIATELY COMMUNICATED TO THE INDIVIDUAL'S PRIMARY CARE PHYSICIAN. FAMILY AND SIGNIFICANT OTHERS ARE ENCOURAGED TO PARTICIPATE IN THE TREATMENT PROCESS. LIFEBRIDGE PROVIDES A COHESIVE TREATMENT TEAM TO INCREASE INDIVIDUAL'S MENTAL HEALTH AND PHYSICAL WELL-BEING.

PARKVIEW WABASH HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

PARKVIEW WABASH HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

PARKVIEW WABASH HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

PART V, SECTION B, LINE 3E:

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE.

PART I, LINE 6A:

THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384); PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); DEKALB MEMORIAL HOSPITAL, INC. (EIN 35-1064295; PARK CENTER, INC. (EIN 35-1135451); AND PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) PREPARED A COMBINED REPORT TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES.

PART I, LINE 7:

PART I, LINE 7A

THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE FINANCIAL ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES

Part VI Supplemental Information (Continuation)

TO DETERMINE THE COST OF SERVICES RENDERED.

PART I, LINE 7B

PARKVIEW WABASH HOSPITAL, INC. ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED. THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7C

PARKVIEW WABASH HOSPITAL, INC. ACCEPTS ALL CERTAIN MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO

Part VI Supplemental Information (Continuation)

CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7E

AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE.

PART I, LINE 7F

AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS.

PART I, LINE 7G

AMOUNTS PRESENTED DO NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS.

PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW WABASH HOSPITAL, INC. CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS. AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES.

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

Part VI Supplemental Information (Continuation)

PARKVIEW WABASH HOSPITAL, INC. EXCLUDED \$3,062,685 OF PH CLINICAL SUPPORT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

PARKVIEW WABASH HOSPITAL, INC., PROVIDES SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT PROGRAMS. THESE EFFORTS ARE ALIGNED WITH THE HEALTH SYSTEM'S STRATEGIC INVOLVEMENT IN THE NORTHEAST INDIANA REGIONAL PARTNERSHIP'S VISION 2030, A REGIONAL INITIATIVE DESIGNED TO TRANSFORM NORTHEAST INDIANA INTO A TOP GLOBAL COMPETITOR BY FOCUSING ON A COMMON MISSION TO DEVELOP, ATTRACT AND RETAIN TALENT. VISION 2030'S REGIONAL PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE ELEVEN-COUNTY REGION IN NORTHEAST INDIANA. PROMOTION OF ECONOMIC DEVELOPMENT IN WABASH COUNTY IS A PART OF A COLLECTIVE PLAN TO IMPROVE THE QUALITY OF LIFE AND ULTIMATELY THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY.

PARKVIEW WABASH HOSPITAL, INC., WORKS CLOSELY WITH GROW WABASH COUNTY, THE COUNTY'S ECONOMIC DEVELOPMENT ORGANIZATION AND THE CITY OF WABASH.

PARKVIEW WABASH HOSPITAL, INC. PRESIDENT MARILYN CUSTER-MITCHELL SERVES ON THE BOARD FOR GROW WABASH COUNTY AND IS INVOLVED IN COMMUNITY MEETINGS THAT DISCUSS THE OUTLOOK, FUTURE AND PLAN FOR A VIBRANT CITY.

PARKVIEW WABASH HOSPITAL, INC. LEADERS SERVE ON LOCAL BOARDS AND COMMITTEES OF NON-PROFIT ORGANIZATIONS. THESE INCLUDE WAYPOINT TRANSITIONAL SHELTER FOR WOMEN, NEW BEGINNINGS TRANSITIONAL SHELTER FOR

Part VI Supplemental Information (Continuation)

MEN, COMMUNITY CORRECTIONS, MEALS ON WHEELS, WABASH COUNTY UNITED FUND, WABASH ROTARY CLUB, AND GROW WABASH COUNTY. THE ROLES ARE PERFECT OPPORTUNITIES TO CONNECT WITH THE COMMUNITY AND PROVIDE INSIGHT FROM THE HEALTHCARE PERSPECTIVE RELATED TO LOCAL PROGRAMS AND ISSUES.

PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

PART III, LINE 4:

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:

PAGES 12 AND 23 - 26 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT. PARKVIEW WABASH HOSPITAL,

Part VI Supplemental Information (Continuation)

INC. ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT." IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL. AS A RESULT, PARKVIEW WABASH HOSPITAL, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. PARKVIEW WABASH HOSPITAL, INC. RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

PART III, LINE 9B:

A PATIENT'S FAILURE TO MAKE PAYMENT ARRANGEMENTS THROUGH VARIOUS AVAILABLE PAYMENT OPTIONS OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING REFERRED TO A COLLECTION AGENCY DUE TO NON-PAYMENT. THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES, WHICH MAY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE.

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE

Part VI Supplemental Information (Continuation)

APPLICATION PERIOD, EVEN IF THE ACCOUNT HAS BEEN PLACED WITH A COLLECTION AGENCY. IF AN INDIVIDUAL SUBMITS A COMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, AND PARKVIEW HEALTH DETERMINES THE INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THEN PARKVIEW HEALTH WILL TAKE ALL REASONABLE AVAILABLE MEASURES TO REVERSE ANY EXTRAORDINARY COLLECTION ACTION (EXCEPT FOR A SALE OF DEBT) TAKEN AGAINST THE INDIVIDUAL TO OBTAIN PAYMENT FOR THE CARE. ALSO, IF AN INDIVIDUAL SUBMITS AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, PARKVIEW WILL SUSPEND ANY EXTRAORDINARY COLLECTION ACTIONS AGAINST THE INDIVIDUAL (WITH RESPECT TO CHARGES TO WHICH THE FINANCIAL ASSISTANCE APPLICATION UNDER REVIEW RELATES) UNTIL THE FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND AN ELIGIBILITY DECISION RENDERED.

PART VI, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, PARKVIEW WABASH HOSPITAL, INC. ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND FRONTLINE STAFF. PARKVIEW WABASH HOSPITAL, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:

1. HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS

2. OBSERVATIONS AND DATA COLLECTED FROM FRONTLINE STAFF WORKING WITH

Part VI Supplemental Information (Continuation)

VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH WORKERS)

3. REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS (I.E., UNITED WAY, BRIGHTPOINT, ETC.)

4. PARKVIEW LEADERS SERVING ON HEALTH-RELATED AND SOCIAL SERVICE BOARDS OF DIRECTORS IN THE COMMUNITY

5. OTHER PUBLIC HEALTH DATABASES (E.G. COMMUNITY COMMONS, COUNTY HEALTH RANKINGS)

KEY HOSPITAL REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE SERVE.

PART VI, LINE 3:

DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT. PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL

Part VI Supplemental Information (Continuation)

ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

PART VI, LINE 4:

DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

THE ONLY FULL-SERVICE HOSPITAL IN WABASH COUNTY, PARKVIEW WABASH HOSPITAL, INC., PRIMARILY SERVES THE COMMUNITIES OF WABASH, NORTH MANCHESTER, ROANN, URBANA, LAGRO AND LAFOUNTAIN. TO A LESSER EXTENT, THE HOSPITAL SERVES COMMUNITIES IN SURROUNDING COUNTIES, TO INCLUDE MIAMI COUNTY, SOUTHERN KOSCIUSKO COUNTY AND NORTHERN GRANT COUNTY.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (2019), POPULATION ESTIMATES FROM SHOW WABASH COUNTY WITH APPROXIMATELY 30,996 RESIDENTS, WITH 94.1% BEING WHITE (NOT HISPANIC OR LATINO) AND 21.3% BEING OLDER THAN 65. THE MEDIAN HOUSEHOLD INCOME IS WABASH COUNTY IS \$56,573. FURTHERMORE, 11.5% OF PEOPLE ARE LIVING BELOW THE POVERTY LEVEL (2016-2019), AND IT IS ESTIMATED THAT 2.1% OF WORKERS IN THE CIVILIAN LABOR FORCE ARE UNEMPLOYED (2022).

PARKVIEW WABASH HOSPITAL, INC., IS THE 5TH LARGEST EMPLOYER IN THE COUNTY. THE MAKE-UP OF EMPLOYERS IN THE COUNTY IS LARGELY MANUFACTURING, FOLLOWED BY EDUCATION AND HEALTHCARE.

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE, PARKVIEW WABASH HOSPITAL, INC. FACILITIES HAD 16.5% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 1.7% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 18.7% WERE MEDICAID PATIENTS, AND 2.5% PERCENT WERE

Part VI Supplemental Information (Continuation)

SELF-PAY (2021).

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, DEVELOPS SHORTAGE DESIGNATION CRITERIA INTENDED TO IDENTIFY A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P).

1) COUNTIES: HUNTINGTON, KOSCIUSKO, MARSHALL, WABASH AND WHITLEY COUNTY

DISCIPLINE: MENTAL HEALTH

HPSA ID: 7186918305

HPSA NAME: MENTAL HEALTH CATCHMENT AREA 28 - WARSAW

DESIGNATION TYPE: GEOGRAPHIC HPSA

HPSA FTE SHORT: 11.02

HPSA SCORE: 17

STATUS: DESIGNATED

RURAL STATUS: PARTIALLY RURAL

PART VI, LINE 5:

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (EG OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.)

THE MAJORITY OF THE PARKVIEW WABASH HOSPITAL, INC. BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

Part VI Supplemental Information (Continuation)

PEOPLE IN OUR SERVICE AREA HAVE ACCESS TO CARE 24 HOURS A DAY, 365 DAYS A YEAR THROUGH PARKVIEW WABASH HOSPITAL, INC.'S EMERGENCY DEPARTMENT (ED). THE ED IS STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS, PHYSICIAN ASSISTANTS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. ADDITIONALLY, THE HOSPITAL OFFERS FIRSTCARE, A WALK-IN CLINIC OPEN FROM 8 A.M. TO 8 P.M. MONDAY THROUGH FRIDAY AND 8 A.M. TO 2 P.M. ON SATURDAY AND SUNDAY.

FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY, AND PARKVIEW WABASH HOSPITAL, INC. AND ITS AFFILIATES CONTINUE TO ADAPT TO MEET THE NEEDS OF THE COMMUNITY.

OUR CARE IS NOT LIMITED TO THE WALLS OF OUR BUILDING. PARKVIEW WABASH HOSPITAL, INC., IS ACTIVE IN THE COMMUNITY IN A VARIETY OF WAYS.

A FEW HIGHLIGHTS INCLUDE:

--ONCOLOGY - THE PARKVIEW WABASH HOSPITAL, INC.'S, ONCOLOGY PROGRAM OFFERS CANCER PATIENTS ADVANCED CHEMOTHERAPY TREATMENT CLOSE TO HOME. ADDITIONALLY, THE DEPARTMENT ENCOURAGES SUPPORT BEYOND TREATMENT BY PROVIDING FREE SCREENINGS AND CLINICAL TRIALS.

--WABASH COUNTY DRUG STEERING COMMITTEE - COMPRISED OF LOCAL LAW ENFORCEMENT, COURT OFFICIALS, BOWEN CENTER STAFF AND OTHERS, THE DRUG STEERING COMMITTEE WORKS TOGETHER TO ADDRESS THE DRUG PROBLEM IN WABASH COUNTY. PARKVIEW WABASH HOSPITAL, INC., PRESIDENT SERVES AS THE CHAIR OF THE COMMITTEE. THE COMMITTEE IS CURRENTLY LOOKING TO OPEN A WOMEN'S

Part VI Supplemental Information (Continuation)

RECOVERY HOME.

--UNINSURED ASSISTANCE - PARKVIEW WABASH HOSPITAL, INC., ASSISTS THOSE LESS FORTUNATE BY SUPPORTING 85 HOPE, THE COUNTY'S FREE CLINIC.

--ATHLETIC TRAINERS - PARKVIEW WABASH HOSPITAL, INC., EMPLOYS THREE ATHLETIC TRAINERS TO WORK IN THREE WABASH COUNTY HIGH SCHOOLS. THESE TRAINERS SPEND HOURS AT A WIDE VARIETY OF ATHLETIC EVENTS TO ASSIST IF A STUDENT ATHLETE IS INJURED DURING PLAY OR PRACTICE. THEY ARE ALSO AVAILABLE DURING AND AFTER SCHOOL HOURS FOR ATHLETES IN NEED.

--HEALTH FAIRS AND SCREENINGS - DUE TO COVID-19, PARKVIEW WABASH HOSPITAL, INC., HOSTED JUST ONE CHECK-UP DAY IN 2021. APPROXIMATELY 50 PEOPLE ATTENDED AND RECEIVED DISCOUNTED LAB WORK.

--COVID-19 VACCINATION CLINIC - JOINING THE CITY OF WABASH'S LEAD, PARKVIEW WABASH HOSPITAL, INC., WAS INSTRUMENTAL IN GETTING A COVID VACCINATION CLINIC UP AND RUNNING IN LATE 2020. THAT CLINIC OPERATED THROUGH MAY OF 2021. PARKVIEW WABASH HOSPITAL, INC., LEADERS AND STAFF MEMBERS GAVE SELFLESSLY OF THEIR TIME TO ENSURE THE CLINIC WAS ABLE TO OFFER THE VACCINE TO ANYONE WHO WANTED IT. IN TOTAL, THEY WORKED MORE THAN 900 HOURS IN THE CLINIC, REGISTERING PEOPLE, SCHEDULING SECOND APPOINTMENTS, DIRECTING, AND ANSWERING QUESTIONS, ADMINISTERING THE VACCINE AND MORE.

--BLESSINGS IN A BACKPACK - ONE EVENING EACH MONTH DURING THE SCHOOL YEAR, PARKVIEW WABASH HOSPITAL, INC., MANAGERS VOLUNTEER AN EVENING PACKING ABOUT 600 BAGS OF FOOD FOR AREA CHILDREN IN NEED, GRADES KINDERGARTEN

Part VI Supplemental Information (Continuation)

THROUGH SIXTH. THE FOOD BAGS ARE INTENDED TO HELP THE FAMILIES GET THROUGH THE WEEKEND.

--BRIANNA'S HOPE - THE SECOND THURSDAY OF EVERY MONTH, A TEAM OF PARKVIEW WABASH HOSPITAL, INC., MANAGERS AND STAFF SUPPLY A MEAL FOR AN ADDICTION RECOVERY SUPPORT GROUP. THEY SERVE APPROXIMATELY 25 PEOPLE.

EVERY MEMBER OF THE PARKVIEW WABASH HOSPITAL, INC., HEALTHCARE TEAM, REGARDLESS OF THEIR DEPARTMENT, IS RESPONSIBLE FOR NURTURING AN ENVIRONMENT OF EXCELLENCE AS THE PLACE PATIENTS WANT TO RECEIVE CARE, PHYSICIANS WANT TO PRACTICE, AND CO-WORKERS WANT TO WORK. WE UNDERSTAND THAT BY PROVIDING EXCELLENCE IN ALL WE DO, WE NOT ONLY ENSURE THE SUCCESS OF PARKVIEW WABASH HOSPITAL, INC., BUT ALSO FOR THE COMMUNITY WE SERVE.

PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.; COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; DEKALB MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; PARK CENTER, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

Part VI Supplemental Information (Continuation)

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES AND SUPPORTS THEIR RESPECTIVE COUNTY THROUGH INVESTMENTS OF COMMUNITY HEALTH IMPROVEMENT FUNDING AND PROGRAMMING CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN NORTHEAST INDIANA AS PART OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, THE HEALTH PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS.

AFFILIATE HOSPITALS EACH HAVE A LOCAL BOARD OF DIRECTORS. PARKVIEW HEALTH SYSTEM, INC. ALSO ENGAGES A BOARD OF DIRECTORS, WHICH CONSISTS OF REPRESENTATION FROM EACH OF THE AFFILIATE HOSPITAL BOARDS AND UP TO 15 AT-LARGE PHYSICIANS OR COMMUNITY LEADERS. MOST OF THE BOARD OF DIRECTORS SHALL, AT ALL TIMES, BE CONSIDERED TO BE INDEPENDENT AS DEFINED BY THE INTERNAL REVENUE SERVICE.

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS, PARKVIEW HELPS TO PROMOTE THE ECONOMY, QUALITY OF LIFE AND HEALTH/WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON, EVERY DAY IN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS IN AN EFFORT TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
IN

Part VI Supplemental Information (Continuation)

PART VI, LINE 7 CONT'D:

A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE
DEPARTMENT OF HEALTH.

PART V, SECTION B, LINE 19:

DISCLOSURE STATEMENT FOR CORRECTION SECTION 501(R) OMISSIONS, ERRORS
AND OTHER FAILURES PURSUANT TO INTERNAL REVENUE SERVICE REVENUE
PROCEDURE 2015-21.

IN JANUARY AND FEBRUARY 2021, THE ORGANIZATION'S INTERNAL AUDIT
DEPARTMENT PERFORMED A COMPREHENSIVE REVIEW OF ALL APPLICABLE POLICIES
AND PRACTICES UNDER SECTION 501(R) OF THE INTERNAL REVENUE CODE AND THE
TREASURY REGULATIONS ISSUED THEREUNDER. THE AUDIT PERIOD WAS AUGUST 1,
2020, THROUGH DECEMBER 31, 2020. AS A RESULT OF THE AUDIT, MINOR
POLICY CHANGES WERE MADE, AND MINOR PROCEDURAL CHANGES RELATED TO
SECTION 501(R) COMPLIANCE WERE IMPLEMENTED.

ALSO, IT WAS DETERMINED THAT 34 PATIENT ACCOUNTS WERE PRESUMPTIVELY
DETERMINED TO BE ELIGIBLE FOR LESS-THAN-100% FINANCIAL ASSISTANCE, WERE
NOT NOTIFIED REGARDING THE WAY TO APPLY FOR MORE GENEROUS ASSISTANCE
UNDER THE FAP AND WERE INADVERTENTLY SUBJECT TO ADVERSE CREDIT
REPORTING. THE ADVERSE CREDIT REPORTING, HOWEVER, WAS IMMEDIATELY
REMOVED IN MAY 2021. IN ADDITION TO THE FINANCIAL ASSISTANCE
NOTIFICATION ON ALL PATIENT STATEMENTS, THE HOSPITAL FACILITY
INSTITUTED PROCEDURES TO PROVIDE WRITTEN NOTICE TO PATIENTS WHO RECEIVE
PARTIAL PRESUMPTIVE FINANCIAL ASSISTANCE THAT INFORMS THE INDIVIDUAL
REGARDING THE BASIS FOR THE PRESUMPTIVE FAP ELIGIBILITY DETERMINATION

